

- Cabin -

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE Permit # 1852
Street or Road	PARTRIDGE COVE ROAD	Date Permit Issued	8-7-17 Fee \$ 265.00 Double Fee Charged ()
Subdivision, Lot #		Local Plumbing Inspector Signature	<i>[Signature]</i> L.P.I. # 1040
OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	STOLL, JOSHUA <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Fee: \$ _____ state min. fee \$ _____ Locally adopted fee	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State
Mailing Address of	516 PARTRIDGE COVE ROAD		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	LAMOINE, ME. 04605		
Daytime Tel. #	(207) 460-5749	Municipal Tax Map # 5 Lot # 32	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
<i>[Signature]</i> Signature of Owner or Applicant 8-7-17 Date		(1st Date Approved)	
		Local Plumbing Inspector Signature (2nd Date Approved)	

PERMIT INFORMATION		
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY _____ <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	TYPE OF WATER SUPPLY TO BE <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY 1000 gallons	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 600 sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 180 gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION 2, 1, C at Observation Hole # 1 Depth 24" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44° 28' 57.3" N Lon. 68° 17' 07.7" W if g.p.s., state margin of error 30.4

SITE EVALUATOR STATEMENT

I certify that on 7-25-17 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

<i>[Signature]</i> Site Evaluator Signature	319 SE#	7-30-17 Date
WILLIAM A. LaBELLE, JR.	(207) 537-5900	labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

Maine Dept. of Health & Human Services
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(207) 287-5672 FAX (207) 287-4172

Owner or Applicant Name
JOSHUA STOLL

Scale 1" = 40 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)

Needle

Eye Road

Partridge Cove Road

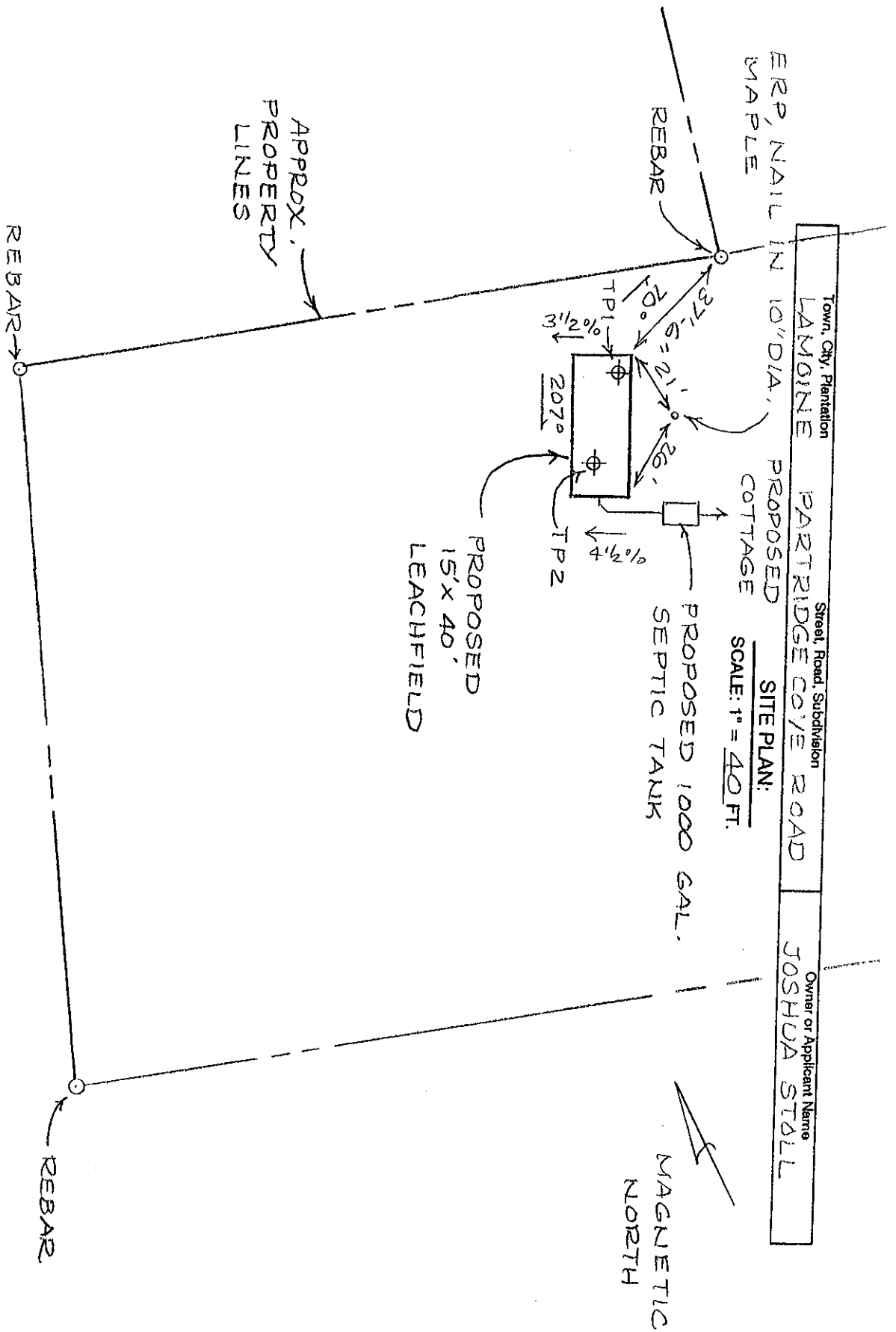
Raccoon Cove Road

SITE *2

Depth (inches)	Texture	Consistency	Color	Mottling
0 - 10	LOAMY	FRIABLE	DARK	N.E.
10 - 20	GRAVELLY	FRIABLE	YELLOWISH	N.E.
20 - 30	SAND	FIRM	BROWN	N.E.
30 - 50	RESTRICTIVE LAYER			

Soil Classification: 2 Profile, C Condition
 Slope: 4 1/2%
 Limiting Factor: 24" Depth
 Legend: ☐ Ground Water, ☒ Restrictive Layer, ☐ Bedrock, ☐ Pit Depth

7-30-17
Date



Site Evaluator's Signature
 [Signature]

S.E. #
 319

Date
 7-30-17

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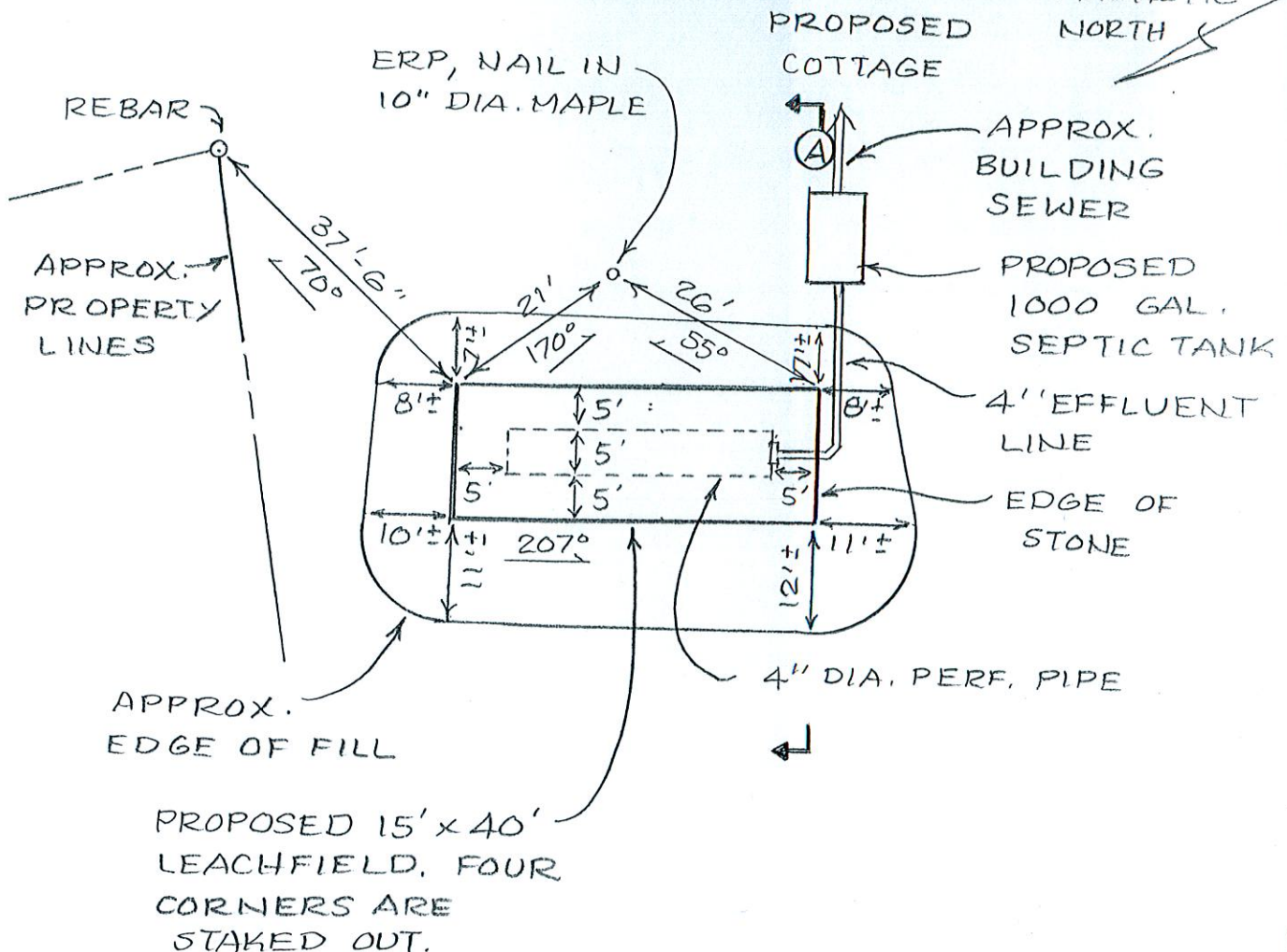
Town, City, Plantation
LAMOINE

Street, Road, Subdivision
PARTRIDGE COVE ROAD

Owner or Applicant Name
JOSHUA STOLL

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.
MAGNETIC
NORTH



FILL REQUIREMENTS

Depth of Backfill (Upslope) 15"

Depth of Backfill (Downslope) 21" - 23"

Depths @ cross-section shown below or on X-sec. detail.

CONSTRUCTION ELEVATIONS

Finished Grade Elevation

SYSTEM: CROWN - 34"

Top of Distribution Pipe or Proprietary Device -4.9"

Bottom of Disposal Field -6.0"

PRIVY:

N/A

ELEVATION REFERENCE POINT

Location & Description NAIL 37"

ABOVE GROUND IN 10" DIA.

MAPLE.

Reference Elevation is: 0"

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
5. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).
6. Full basement below grade foundation, frost wall or columns must be 20' minimum from edge of disposal field and slab on grade must be 15' minimum from edge of disposal field.

W.C.

Site Evaluator's Signature

319

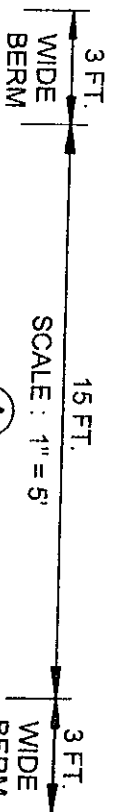
S.E. #

7-30-17

Date

DISPOSAL BED CROSS SECTION

NOTE:
GRADE UPSLOPE TO DIVERT
SURFACE WATER AWAY FROM
SYSTEM, ALSO DOWN SLOPE.



(A)
FILL MATERIAL SHALL BE 8"-12" THICK
OVER STONE AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F,
PLACED OVER STONE.

FILL EXTENSIONS
NO GREATER THAN 4:1,
(25% SLOPE).

EXISTING GRADE
LIMITING FACTOR

REMOVE VEGETATION AND SCARIFY
ORIGINAL SOIL UNDER ENTIRE FILL AREA,
SEC. 11-B.

BOTTOM OF STONE MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100'.

12" CLEAN STONE,
(1 1/2" DIA.),
UNIFORM SIZE.

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 6 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP): 0"
FINISHED GRADE: -34" CROWN
TOP OF DISTRIBUTION PIPE: -49"
BOTTOM OF STONE: -60"

OWNER: JOSHUA STOLL
LOCATION: LAMOLINE

NOTE:
SYSTEM MUST BE INSTALLED ACCORDING
TO THE RULES AND PRACTICES SET FORTH
IN THE MOST CURRENT VERSION OF THE
STATE OF MAINE SUBSURFACE WASTEWATER
DISPOSAL RULES. INSTALLATION CONTRACTOR
MUST BE FAMILIAR WITH SAID RULES AND
CONSTRUCT SYSTEM IN FULL COMPLIANCE
WITH SECTION 11 OF SAID RULES.

TOP 4" OF FILL TO BE A GOOD LOAM
SOIL MIX TO ESTABLISH A GOOD
VEGETATIVE COVER, SEED
AND MULCH TO PREVENT EROSION,
SEC. 11-G.

FILL EXTENSIONS
NO GREATER THAN 4:1,
(25% SLOPE).

4" PERFORATED
PIPE, TYPICAL
8" CUT

15" FILL

23" FILL

9"

9"

12"

9"

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